



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

2176

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/481,840
		Filing Date	January 12, 2000
		First Named Inventor	Michael Hanson
		Group Art Unit	2176
		Examiner Name	J.H. Feild
Total Number of Pages in This Submission	26	Attorney Docket Number	4860P1712C

RECEIVED

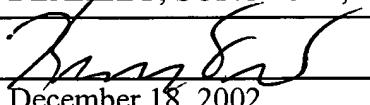
DEC 31 2002

Technology Center 2100

ENCLOSURES (check all that apply)

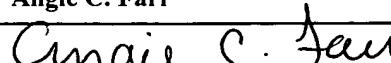
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kerry D. Tweet, Reg. No. 45,959 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 18, 2002

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: December 18, 2002

Typed or printed name	Angie C. Farr		
Signature		Date	December 18, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

110.00

Complete if Known

Application Number	09/481,840
Filing Date	January 12, 2000
First Named Inventor	Michael Hanson
Examiner Name	J.H. Feild
Group/Art Unit	2176
Attorney Docket No.	4860P1712C

METHOD OF PAYMENT (check one)

Check Credit card Money Order Other None

 Deposit AccountDeposit Account Number **02-2666**Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	740	2001	370	Utility filing fee
1002	330	2002	165	Design filing fee
1003	510	2003	255	Plant filing fee
1004	740	2004	370	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="text"/> - 23** = <input type="text"/> X <input type="text"/> = <input type="text"/>		
Multiple Dependent	<input type="text"/> - 3 = <input type="text"/> X <input type="text"/> = <input type="text"/>		

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		

**or number previously paid, if greater, For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	400	2252	200
1253	920	2253	460
1254	1,440	2254	720
1255	1,960	2255	980
1404	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,280	2453	640
1501	1,280	2501	640
1502	460	2502	230
1503	620	2503	310
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	740	1809	370
1810	740	2810	370
1801	740	2801	370
1802	900	1802	900
Other fee (specify)		Terminal Disclaimer 1.20(d)	
			110.00
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3)
(\$)			110.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Kerry D. Tweet	Registration No. (Attorney/Agent)	45,959	Telephone	(503) 684-6200
Signature				Date	12/18/02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

Burden Hour Statement: This form is estimated to take 12 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

DEC 3 1 2007

Technology Center 2100